

LIST OF ACCREDITED PANEL PHYSICIANS

DAMASCUS (area code 011)

1. Dr. Gemma ADIB

Baghdad St., Maarad Station, Bldg. # 44.

Phone: 441-2083, Mobile: 093-230346.

2. Dr. Rached EL-YOUSSEF

Abou Roummaneh, Nora inter-sections, 51 Mayssaloun St., 1ST Fl.

Phone: 331-4542, Mobile: 093-221201, Fax: 332-6288.

3. Dr. Emad El-Deen AL-HAFFAR

El Bahsa St., Kalda Hotel bldg., 2nd Fl.

Phone: 231-0700, Mobile 093-216226, Fax 231-4599.

ALEPPO (area code 021)

1. Dr. Souheil Darwich

Al Azizieh - Near 'Mahaba' School, 1st Floor. Office phone:

2125129, Mobile: 094-353322, 094-200505, Fax: 2677125.

2. Dr. Ahmad Jazzar

Al Sabil quarter - Kabouji Street, Bldg. # 11, 1st Floor.

Office phone: 2642295, Mobile: 094-551353, Fax 2672354

HOMS (area code 031)

3. Dr. Emil DABBAJ

Hamadiyah - Near Al Dallati Mosque. Office phone: 226-555,

Hospital phone: 423-997, Mobile: 093-424549, Fax: 235-623.

NOTE: PLEASE CALL THE DOCTOR **DIRECTLY** TO MAKE AN APPOINTMENT. PLEASE BRING YOUR IMMUNIZATION (VACCINATION) RECORDS WHEN YOU VISIT THE PHYSICIAN.

MEDICAL EXAMINATION COSTS:

Physician's examination for adults: 1500 S.P.

Physician's examination for minors (under 15 years of age): 1000 S.P.

X- Ray: 500 S.P.

Laboratory: 250 S.P.

Vaccinations: Maximum 500 S.P. for each. Generally, a minimum of two vaccinations are required for adults, while children may require more depending on their immunization records.

Sep06: BI

Date: _____

Appointment Letter for American Embassy Damascus
Panel Physicians

To: All Panel Physician
From: The Consul, US Embassy Damascus

Dear Doctor:

The following applicant is scheduled for a visa interview at this embassy. As such, he/she is authorized to request a medical examination from your office. This appointment letter is not valid without the raised US embassy seal attached to the right

Visa Category:

_____	Regular Immigrant visa beneficiary	(Vaccination records required)
_____	K-1	Fiancée/child of U.S. Citizen (Vaccination records required)
_____	K-3	Spouse/child of U.S. Citizen
_____	V	Spouse/child of Lawful Resident
_____	Parolee	Recipient of an approved admission into the U.S. based on Humanitarian reasons
_____	Refugee	Following-To-Join (this is the ONLY category Eligible for reimbursement), or
_____	Asylee	Following-To-Join (NOT eligible for reimbursement)

Beneficiary Name(s): _____
(Last name, First, Middle)

Case Total: _____

Appointment Date: _____
(Month/Day/Year)

File Number(s): **DMS** _____

Upon completion of the examination, please ask recipient to deliver the sealed results to the Consular Section, American Embassy Damascus, with this cover letter attached. JAN02BI - SEAL -